## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000842

FILED Apr 30, 2007 Secretary of State

Entity Name: TAMPA BAY SPORTS HALL OF FAME BOOSTERS, INC.

	Principal Place of Business:	New Principal Place of Business:
	COND AVE S RSBURG, FL 33715	
Current N	Mailing Address:	New Mailing Address:
	COND AVE S RSBURG, FL 33715	
FEI Number	r: 57-1150716 FEI Number Applied For (	( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
STE 160Ó	RICHARD O , 200 CENTRAL AVE RSBURG, FL 33715 US	
	e named entity submits this statement force of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registere	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete FROID, GARY R STE 705, 4993 BACOPA LN S ST PETERSBURG, FL 33715	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete BARTOW, ROSS 4040 N HIMES AVE TAMPA, FL 33607	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Name: Address:	BARTOW, ROSS 4040 N HIMES AVE	Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address:	BARTOW, ROSS 4040 N HIMES AVE TAMPA, FL 33607  D () Delete GLASURE, JACK 205 20 AVE NE ST PETERSBURG, FL 33704  PD () Delete EAST, CLARK 3632 W CYPRESS ST	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Address:	BARTOW, ROSS 4040 N HIMES AVE TAMPA, FL 33607  D () Delete GLASURE, JACK 205 20 AVE NE ST PETERSBURG, FL 33704  PD () Delete EAST, CLARK 3632 W CYPRESS ST	Name: Address: City-St-Zip:  Title: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ROY D 04/30/2007